Testimony by the Connecticut State Medical Society

Senate Bill 1076
An Act Concerning Aid in Dying for Terminally Ill Patients

Public Health Committee
February 27, 2023

Senator Anwar, Representative McCarthy Vahey, Senator Kushner, Senator Marx, Representative Parker, Senator Somers, Representative Klarides-Ditria and distinguished members of Public Health Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS), thank you for the opportunity to provide testimony in support on Senate Bill 1076: An Act Concerning Aid in Dying for Terminally Ill Patients.

The Connecticut State Medical Society has a long history of presenting testimony to this and other committees of the Connecticut General Assembly concerning bills that impact patient care and the practice of medicine. Scientific and evidence-based knowledge are the foundation of modern medical practice and have been the bedrock of all our testimony. The ethical principles of beneficence, taking actions that serve the best interests of patients, and non-maleficence, to do no harm nor inflict harm intentionally, are the foundation of the principles of every physician and dictate how our knowledge, experience and skill will be applied in our practice of medicine.

The Connecticut State Medical Society has testified before this Committee on end-of-life decision-making on several previous occasions. In that testimony we have hewed closely to ethical principles embodied in the Hippocratic Oath and in the ethical codes established and periodically updated by the American Medical Association (AMA), updated because medical interventions have become more complex and societal views have evolved. As noted in a 2019 AMA report, all physicians have a shared vision "for a hope for a death that preserves dignity, a sense of the sacredness of ministering to a patient at the end of life, recognition of the relief of suffering as the deepest aim of medicine, and fully voluntary participation on the part of both patient and physician in decisions about how to approach the end of life."

Unanimity within the physician community on the physician's role during the transition from life to death no longer exists. We have experienced a clear and unmistakable plurality of opinion on this subject both within the medical community and in society, with proponents on each side defending the ethics of their position utilizing the principles of beneficence and non-maleficence. The same AMA report recognized that "thoughtful, morally admirable individuals hold diverging, yet equally deeply held, and well-considered perspectives about physician-assisted suicide that govern how these shared commitments are ultimately expressed."

The Connecticut State Medical Society adopted policy in 2019, and ratified that policy in 2022, which we have termed "engaged neutrality," that establishes the primacy of compassionate care as applied to patient autonomy, and the special relationship that exists between a patient and his or her physician, recognizing that ethical physicians can differ in how they interpret their role in easing the pain and suffering that occurs at the end of life, while remaining actively engaged in assuring that the needs of patients always come first.

We have encouraged our members to participate in internal discussions. We have encouraged them to present testimony of their own either pro or con, so that this Committee may have the fullest picture of the concerns that physicians have and the challenges that physicians face when confronted with end-of-life decisions. We have the deepest respect for the Committee's efforts to protect every member of society, while at the same time doing its utmost to reduce suffering that many see as cruel and needless.

If Senate Bill 1076 is passed, each physician must be allowed to proceed according to his/her own ethical beliefs and values, and appropriate safeguards, for both patients and physicians, must be put in place to avoid potentially putting our patients at risk, while preserving a terminally ill patient's autonomy and respect for his/her wishes. Section 19 of this Bill adds language that has not been present in previous versions of Aid in Dying Bills. Specifically, Section 19 adds language stating that "[a]ny attending physician who fails to act in good faith when determining whether a patient meets the requirements in order to request aid in dying, as described in section 2 of this act, and prescribes medication for aid in dying to such person shall be guilty of a class B felony." Ambiguous and undefined standards such as "fails to act in good faith" require courts to develop standards and precedents in an attempt to define such terms and we fear has the potential to subject physicians to criminal prosecution in the effort to define what constitutes criminal conduct. We raise concern with this language and hope the Committees of cognizance reviewing this section will better define this language. Failure to do so will certainly have a chilling effect on physician participation should this bill pass.

The ethical basis of our care of patients must always be care that promotes the patient's needs above all else. This must first and foremost include recognition that the provision of palliative and hospice is an integral part of compassionate care at the end of life, without which the avoidance of unnecessary suffering is impossible. We encourage this committee and the legislature as a whole to work to develop statute that would support both palliative and hospice care to further reduce the necessity of an artificial ending of life, should this bill become law.

We are cognizant of the potential perils of any such statute and look forward to working with the Committee to ensure that patients and physicians alike receive the fullest protection of the law.